

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 26.2  
TITLE: CHEST X-RAYS

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**AUTHORITY:** 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(b), (c), (g)(2), and (g)(38)

**TRICARE POLICY MANUAL:** Chapter 4, Section 2.3

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### I. EFFECTIVE DATE

October 12, 1984

### II. PROCEDURE CODE(S)

71010-71035

### III. POLICY

Chest x-rays are a covered benefit.

### IV. EXCEPTIONS

Chest x-rays are not payable for the following conditions.

1. Routine prenatal chest x-rays for the detection of unsuspected disease.
2. Routine chest x-rays solely because of hospital admission, unless a patient is admitted for a surgical procedure which involves general anesthesia.
3. Routine chest x-rays for employment.
4. Repeated chest x-rays upon long-term facility admission.
5. Repeated chest x-rays of tuberculosis reactors, repeated chest x-rays of asymptomatic tuberculosis patients who have completed therapy and routine periodic chest x-rays during tuberculosis treatment.
6. Routine preplacement chest x-rays and periodic chest x-rays unrelated to job exposure.

**\*END OF POLICY\***